

Signature:___

LAS VEGAS MUNICIPAL COURT VOLUNTEER APPLICATION

Volunteer Program Coordinator P.O. Box 3970 Las Vegas, NV 89127

TO BE COMPLETED BY VOLUNTEER

1.	Name:							
	Last		First		Middle			
2.	Phone Number:							
3.	Address:Number & Stre							
	Number & Stre	et Name	City	State	Zip			
4.	Have you previously worked for	the City of Las Vegas?	YES □ NO □					
5.	If yes, give dates:		Depar	rtment:				
6.	Do you require any special accon	nmodations to fulfill th	e duties of a volunte	eer position?				
	YES □ NO □ If yes please of	explain: :						
7.	a. Have you $\underline{\text{EVER}}$ been convicted of a petty misdemeanor, misdemeanor, gross misdemeanor, or felony? YES \square NO \square							
	b. Have you <u>EVER</u> been convicted of a moving traffic violation within the last five years? YES □ NO □							
8.	If "Yes," complete the Additional Information Statement on the reverse side of this sheet, giving date(s), location(s), circumstance(s), and dollar amount of fine(s). Include any conditions of your parole and/or probation, if applicable. DUI, reduction of DUI, reckless and careless driving convictions must be included. A criminal conviction is not an automatic bar to volunteering. Each case is considered on its individual merits. LACK OF REQUESTED INFORMATION OR FALSE INFORMATION IS BASIS FOR REJECTING AN APPLICATION OR TERMINATION FROM VOLUNTEER ASSIGNMENT. This section can only be amended if a conviction occurs after the application has been accepted. In that event it is the responsibility of the applicant to provide any conviction updates to Human Resources during the life of the application. Are you presently employed? YES NO If yes, name and address of employer:							
	Employer Name							
	Number & Street Name	City	State	Zip	·			
9.	Do you have a valid driver's licer	nse or state ID? YES	NO 🗖 Issuing st	ate & number	Expiration date			
10.	If you are accepted as a volunteer for the City of Las Vegas, do you understand that you are not to drive a private or City vehicle							
	on behalf of the City of Las Vegas	in connection with yo	ur volunteer activiti	es? YES □ NO				
I hereb inform	by certify that the above informatio ation.	n is true and accurate	and that I will info	rm the City of Las	Vegas of any change in this			
	ederal Privacy Act of 1974 requires The number will be used by the Ci							

_____ Social Security Number______ Date:_____



Additional Information Statement

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······
Date:



School Name:

Do you have a high school diploma?

EDUCATION

When claiming college, business, or vocational school credits for meeting minimum qualifications, you may be required to submit a copy of your degree or a legible photocopy of your up-to-date transcript with this application. Failure to do so may delay processing or disqualify your application. All papers submitted become the property of the City of Las Vegas Department of Human Resources and cannot be returned.

No

Yes

If "Yes,"

C II N O					TRAINING RECEIVED
College Name & Address	Date From (Mo/Yr)	Date To (Mo/Yr)	Field of Study	Credit Hours Completed	Degree or Certificate Obtained
			Major: Minor:		Yes No
			Major: Minor:		Yes No
			Major: Minor:		Yes No
Business/Trade School Name & Address	From (Mo/Yr)	To (Mo/Yr)	Subject		Certificate
					Yes No
					Yes No
					Yes No
LIST A ype of License or Certifi			ID LICENSES AND (CERTIFICA ation Number	



Experience

On the following sheets, list the employers, assignments or volunteer activities that you have held, starting with your most recent one. THIS SECTION MUST BE COMPLETED IN DETAIL. FAILURE TO DO SO MAY DELAY PROCESSING OR DISQUALIFY YOUR APPLICATION. YOU ARE ENCOURAGED TO ATTACH A RESUME IF YOU WISH, BUT REFERENCE TO A RESUME IN LIEU OF COMPLETING THIS SECTION CANNOT BE ACCEPTED. Under "Work Performed" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibility. If you wish to add more experience or wish to add more detail to the "Work Performed," please complete and attach an Experience Addendum Sheet. Jobs and/or volunteer experience listed may require verification.

Job Title	Duties Per	Starting Date/ Ending Date	
		References	
Name	Address	Phone	Relation
I certify these statem history, character and	ents are true and correct to the best d police records prior to my acceptant	of my knowledge. I agree to a back nce as a volunteer.	ground check regarding my employment
Signature		Date	



Skills and Interests Questionnaire

What interests you about volunteering at the Las Vegas Municipal Court?		
What is important to you in a volunteer experience?		
Where have you volunteered before?		
What are some of you skills and interests?		
Do you speak, read or write any other languages?		
How did you hear about us?		
What days and hours could you work as a volunteer?		

